## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

13 647 201

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                         |                       |                              |  |             | SMALL ENTITY TYPE ( |                        |           | OTHER THAN SMALL ENTITY |                        |
|--|--|---|-------------------------|-----------------------|------------------------------|--|-------------|---------------------|------------------------|-----------|-------------------------|------------------------|
| TOTAL CLAIMS   |  |   | (CO.GIIII 1)            |                       | COIU                         | (Column 2)                                   |             | RATE                |                        | OR<br>I [ |                         |                        |
| FOR  |  |   | NUMBER FILED            |                       | NUMBER                       | ER EXTRA                                     | EYTDA       |                     | FEE<br>375.00          | _         | RATE<br>BASIC FEE       | 750.00                 |
|  |  |   |                         |                       | MOMB                         | EN EXTRA                                     |             | BASIC FEE           | 373.00                 | OR        | DADIO FEE               | 730.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | ) minus 20= *           |                       | *                            | *  |             | X\$ 9=              | 2 12-                  | OR        | X\$18=                  |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =               |                       | 1                            |  |             | X42=                |                        | OR        | X84=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                         |                       |                              |  |             | +140=               |                        | OR        | +280=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                         |                       |                              | olumn 2                                      |             | TOTAL               | 432                    | OR        | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                         |                       |                              |  |             | OTHER THAN          |                        |           |                         |                        |
|  | (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |   |                         |                       |                              |  |             | SMALL               | ,                      | OR        | SMALL                   |                        |
| AMENDMENT A  | 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (   | REMAINING<br>AFTER<br>AMENDMENT           |                         | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                             |             | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total  | *   | Minus                   | **                    |                              | =  |             | X\$ 9=              |                        | OR        | X\$18=                  |                        |
| AME  | Independent  | *   | Minus                   | ***                   | T OL 4134                    | =  |             | X42=                |                        | OR        | X84=                    |                        |
|  | FIRST PRESE  | NTATION OF M                              | OLTIPLE DEF             | 'ENDEN                | I CLAIM                      |  |             | +140=               |                        | OR        | +280=                   |                        |
|  |  |   |                         |                       |                              |  |             | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT, FEE     |                        |
|  |  | (Column 1)                                |                         | (Colu                 | mn 2)                        | (Column 3)                                   | ,           |                     |                        |           |                         |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |             | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                   | **                    |                              | =  | ]           | X\$ 9=              |                        | OR        | X\$18=                  |                        |
|  | Independent  | *   | Minus                   | ***                   |                              | <u>                                     </u> | 1           | X42=                |                        | OR        | X84=                    |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                         |                       |                              |  |             | .140                |                        |           | .000                    |                        |
|  |  |   |                         |                       |                              |  |             | +140=               |                        | OR        | +280=                   |                        |
|  |  |   |                         |                       |                              |  | ,           | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE     |                        |
|  | Market Samuel . The same Samuel Samue | (Column 1)                                | Tengton SS, on Assessed |                       | mn 2)                        | (Column 3)                                   | 1           | <u> </u>            |                        | _         |                         |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |             | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                   | **                    |                              | =  |             | X\$ 9=              |                        | OR        | X\$18=                  |                        |
|  | Independent  | *   | Minus                   | ***                   |                              | =  | <b>    </b> | X42=                |                        | OR        | X84=                    |                        |
| Ľ  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEI             | PENDEN                | NT CLAIM                     |  | J ∤         |                     |                        | Un        |                         | <b></b>                |
| *  | If the entry in eath   | mn 1 is loss than t                       | ho onto in act          | ımn Ota               | a "O" in a-                  | dumo 3                                       |             | +140=               |                        | OR        | +280=                   |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   |   |                         |                       |                              |  |             |                     |                        |           |                         |                        |
|  |  | nber Previously Pa                        |                         |                       |                              |  | er fou      | ınd in the apı      | propriate bo           | x in co   | lumn 1.                 |                        |